

# Annual Inspection Report 2022-2023

## Top Care

Domiciliary Care & Nurse Agency

29 July 2022



**DHSC**

We carried out this announced inspection on 29 July 2022. The inspection was carried out by an inspector from the Registration and Inspection team.

**Service and service type**

Top Care is both a nursing agency and a domiciliary care agency. For the purposes of this inspection both the domiciliary care and the nursing agency were inspected together.

Top Care arranges for others to be provided with personal care or personal support, with or without personal assistance in their own dwelling. The nursing agency arm of the business consists of the provision of registered nurses as required in a variety of settings.

**People’s experience of using this service and what we found**

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

**Our key findings**

No areas of improvement were identified in relation to the service.

Staff feedback was positive about the service. Staff felt confident that they had been given sufficient training and had enough knowledge to provide good quality care.

Service user and family feedback confirmed satisfaction with the service. Carers were introduced prior to the service starting, and people said they felt safe with staff and the care provided.

Documentation was clear and comprehensive. Care packages were detailed and easy to understand.

**We found the following areas where the service needs to make improvements:**

There were no areas requiring improvement.

At this inspection we found improvements had been made in response to the previous inspection.

### **About the service**

The service has dual registration as both a domiciliary care and nursing agency. It provides support to people living in their own homes, together with nursing care as required in a variety of settings.

### **Registered manager status**

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### **Notice of Inspection**

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 20 July 2022. We visited the service on 29 July 2022.

### **What we did before the inspection**

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

### **During the inspection**

A range of records were reviewed. These included people's care records, staff recruitment records, and a variety of documents relating to the management of the service. We also spent time with both the registered manager and the deputy manager discussing the service.

### **After the inspection**

We talked to two family members about their experience of the service. We also received written feedback from a family member, and also from a service user.

We received written feedback from five members of staff who provided their views about the service and their experiences of providing care.

## SECTION C Inspection Findings

### C1 Is the service safe?

#### **Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

We found that this service was safe in accordance with the inspection framework.

#### **Systems and processes to safeguard people from the risk of abuse**

The service had a variety of measures to help keep people safe. Safeguarding policies and procedures were in place. These were freely available to staff both electronically and in the office. Staff had received training as part of their induction and ongoing refresher training. Staff confirmed that "I am happy with the training and support provided by Top Care." "I received the training and support I needed to support people well."

Client and family feedback confirmed that people felt safe with staff who were "fully competent: they know what they are doing."

#### **Assessing risk, safety monitoring and management**

Client needs had been fully assessed prior to the service commencing. Risk assessments, including environmental risk assessments, together with care plans were all in place and were seen to be regularly reviewed. Care needs assessments clearly evidenced staffing levels required. Positive risk taking was encouraged as appropriate in a client centred approach. Staff were clear on whistleblowing procedures and felt able to raise any concerns with management. Staff said that they felt "fully confident that my concerns would be taken seriously by Top Care management."

Staff rotas were in place. Feedback confirmed that service users had staff caring for them that knew them and were knowledgeable about the care required.

#### **Staffing and recruitment**

Staff were recruited safely. Files relating to staff recruited since the last inspection were seen. Training records were also seen. Specific training had been provided for individual need; staff had requested additional training in dealing with complex needs and this had been granted. The staff member then was "more confident in providing support."

#### **Using medication safely**

Medication was handled safely. A medication policy was in place. Specific training for staff was in place, together with specialist equipment. In house training provided knowledge as required.

#### **Preventing and controlling infection**

The service had measures in place to minimise the risk of infection. An infection control policy was in place, together with cleaning protocols in place in client's houses. Appropriate PPE (Personal Protective Equipment) was in use.

**Learning lessons when things go wrong**

Management was open to discuss any improvements required. Staff reported that they had clearly been made aware of their responsibilities to raise any concerns or issues to management.

## Inspection Findings

### C2 Is the service effective?

#### **Our findings**

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

We found that this service was effective in accordance with the inspection framework.

#### **Assessing people’s needs and choices; delivering care in line with standards, guidance and the law**

Policies and procedures were in place which emphasised placing the individual at the heart of care.

Comprehensive initial assessments had been undertaken, with care plans detailing care needed. Complex needs and specialist care required were all fully documented. Professional feedback confirmed that staff had worked well with family in becoming familiar with detailed routines and care required.

#### **Staff support: induction, training, skills and experience**

Staff were supported through a comprehensive programme of induction, training and ongoing supervision.

Staff feedback confirmed that there was robust support in place from management, with appropriate training being provided to care effectively for clients as required.

#### **Supporting people to eat and drink enough to maintain a balanced diet**

Care plans contained information regarding people’s nutritional needs. Specific needs were fully documented and communicated to staff.

#### **Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, assess healthcare services and support**

The service worked well with other agencies to deliver care. Information was shared as necessary. Records demonstrated that multi agency working with a wide variety of professionals was in place.

#### **Ensuring consent to care and treatment in line with law and guidance**

Best practice was followed with regard to capacity assessment. Capacity was clearly documented as appropriate. Capacity assessments, together with best interest decisions, were in place with all relevant parties involved. Clients were supported to be involved in their own decision making as far as possible.

## Inspection Findings

### C3 Is the service caring?

#### **Our findings**

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We found that this service was caring in line with the inspection framework.

#### **Ensuring people are well treated and supported; respecting equality and diversity**

People spoke very positively about the care they received. "If everyone was as efficient as Top Care, it would be a better world." One relative commented; "Excellent; they support me as carer as much as they support (relative)." Another family member stated; "The care (relative) receives is second to none." "You can tell the staff are genuinely interested."

Religious and cultural needs were identified when developing support plans. Staff were clear on the need to acknowledge and respect each person individually.

#### **Supporting people to express their views and be involved in making decisions about their care**

Continuity of care was evident in order that relationships were built up between staff and clients. Clients confirmed that they were involved in all aspects of their care, from initial assessment through to reviews.

We received feedback that "views are always sought; they will still make sure they have proper conversations." Also that "staff are always talking to (relative) and explaining."

Staff were also clear that they involved service users in decision making. A member of staff emphasised that; "Each person is an individual with their own needs, to involve them in their care ensures all needs are considered and meet their specific needs."

#### **Respecting and promoting people's privacy, dignity and independence**

Staff emphasised that they tried to encourage clients to be as independent as possible; "I encourage them to participate as much as they are able; I give plenty of encouragement." The inspector was told that staff "always ensure (relative) dignity is maintained." Staff also told us that "the dignity and wishes of the patient must be respected."

Clear documentation relating to client need was in place which emphasised respect for personal dignity. Staff were clear that they treated clients "with dignity and respect at all times" and practised "patience and empathy."

## Inspection Findings

### C4 Is the service responsive?

#### **Our findings:**

Responsive – this means we looked for evidence that the service met people’s needs.

We found that this service was responsive in line with the inspection framework.

#### **Planning personalised care to ensure people have choice and control and to meet their needs and preferences**

The initial care needs assessment identified specific needs. Detailed information was in place for service users. Staff said that it was “very important” that both families and clients were involved in planning their care. Families told us that they were “totally involved with the reviewing of the care plan and risk assessments.”

#### **Meeting people’s communication needs**

The communication needs of clients were fully assessed and reflected in support plans. Staff talked about being “aware of using or observing non-verbal cues, using pictures;” also being able to “read their body language.” Clients had a variety of communication needs and the inspector was given feedback that these communication needs were met by staff.

#### **Improving care quality in response to complaints or concerns**

A complaints policy was in place and information on how to make a complaint was available to people.

No complaints had been received by the agency. Families confirmed that they knew how to make a complaint and were confident that it would be dealt with efficiently.

#### **End of life care and support**

The service was not providing any end of life care and support at the time of the inspection. However the manager was able to describe how the care would be provided in such a situation.



## Inspection Findings

### C5 Is the service well-led?

#### **Our findings**

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

We found that this service was well-led in accordance with the inspection framework.

#### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;**

Service users and their families described the care provided as involving them at every stage, with decision making a joint process between themselves and the agency.

#### **Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care**

The manager had a “hands on” approach with regular visits to clients to ensure quality care was being delivered. We were told that the manager had carried out the care for a new client “so he understood the extent of their needs before he trained up staff in their care.” Spot checks were regularly done.

Regular reviewing of electronic notes by management ensured any issues were dealt with promptly. Any incidents were submitted to the Registration and Team in line with regulatory requirements.

Appropriate insurance cover was in place.

#### **Engaging and involving people using the service, the public and staff , fully considering their equality characteristics**

Staff were involved in the service through regular team meetings, and regular meeting with management. Staff said that they were able to “give my opinion and express my suggestions.”

#### **How does the service continuously learn, improve, innovate and ensure sustainability?**

Regular feedback was sought from clients and staff members as part of a quality assurance process. An electronic system was in place which enabled staff to continuously update client records which could be instantly viewed by management. Family members were fully involved and had access to care notes as appropriate.

#### **Working in partnership with others**

The staff had worked in partnership with other agencies to provide care for a client. Staff had worked with clients to ensure that the most appropriate care was in place.